

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-weight: bold;">10774366</div>	Filing Date
				Applicant(s)	
				* May be used for additional claims or amendments	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3		3			
Total Depend	6		6			
Total Claims	9		9			

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